

# SPECIAL ACCOMMODATIONS VERIFICATION REQUEST FORM

A Licensed or Qualified Professional whose credentials are appropriate to diagnose and evaluate the candidate's physical or learning disability and make recommendations for appropriate test accommodations must complete this form. The professional must have treated, diagnosed, or had some other professional relationship with the candidate within the last five (5) years and have knowledge of the candidate's current level of function. Attach additional sheets as needed. A copy of the documentation (e.g., educational assessment, psychological report) that provides diagnostic/clinical data (e.g., scores from educational testing) confirming the diagnosis, and the need for the testing accommodation must be enclosed with this form.

## I: LICENSED/QUALIFIED PROFESSIONAL INFORMATION

Professional's Name: \_\_\_\_\_

Title: \_\_\_\_\_ License #: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Daytime Telephone: (    ) \_\_\_\_\_

## II: CANDIDATE DISABILITY STATUS (Check all that apply)

Physical \_\_\_\_\_ Learning \_\_\_\_\_ Hearing Impaired \_\_\_\_\_

Vision Impaired \_\_\_\_\_ Other (Specify): \_\_\_\_\_

## III: DIAGNOSIS AND TREATMENT INFORMATION

A. Specified Diagnosis: \_\_\_\_\_

Please note: If this is a specific learning disability, learning-related or psychological disability, please provide identification of the DSM-III-R or DSM-IV diagnosis. **(Enclose copy of psychological or educational assessment report.)**

B. Describe the manner in which this disability impairs major life activity/functioning:

C. Last date of your treatment or consultation with the candidate:

D. Identify the aspect(s) of the candidate's functioning which requires testing accommodations, and the effect of the disability on the candidate's functioning under standard testing conditions:

E. If the candidate has a specific learning or psychological disability, identify the specific assessments (e.g., standardized psychological/educational tests) used to identify and confirm the diagnosis. **(You must enclose copies of these test results/evaluations/educational or psychological reports with this form or the request will not be considered.)**

F. Based on your knowledge of this candidate's disability and current functioning, which of the following accommodations are recommended? (Check all that apply).

Paper & Pencil Exam                       Extra Time\* \_\_\_\_ Minutes

Reader/Writer/Recorder     Sign Language Interpreter

Other: Please specify \_\_\_\_\_

- \* If extra time is selected, the specific amount of extra time requested is required. The standard testing time for the SAFE Loan Originator Test is as follows:**
- National Component (150 minutes)
  - State Component (90 minutes)

G. Please describe your qualifications/credentials and professional relationship with this candidate which facilitates making these recommendations for the candidate:

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

Professional's Signature: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, the Mortgage Loan Originator candidate, certify that all the information on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** All forms and supporting documentation may be:  
Faxed to: NMLS - Accommodations at 301-216-3719 or  
Emailed to: NMLS\_SARrequest@Statemortgageregistry.com

**If mailed, forms and documentation should be sent to the following address:**

NMLS – Accommodations  
9509 Key West Avenue, 3rd Floor  
Rockville, MD 20850